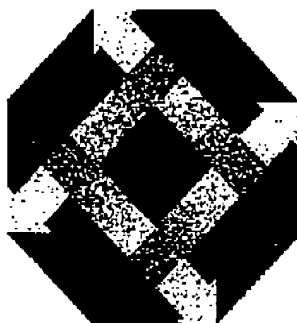


ALLIANCE FOR UNIFORM HAZMAT TRANSPORTATION PROCEDURES
Application and Instruction Packet
for
The Uniform State Hazardous Materials Transportation
Motor Carrier Registration and Permit Program



The uniform registration and permitting application shall be completed by all motor carriers who:

A. transport

1. hazardous materials of a type and amount that requires the vehicle (truck or trailer) to be placarded,
2. hazardous substances and/or marine pollutants transported in bulk packagings, or
3. hazardous wastes subject to the Uniform Hazardous Waste Manifest.
4. low-level radioactive waste.

-and-

B. operate in jurisdictions that participate in the uniform registration and permit program.

Materials covered under the Uniform Program include:

- hazardous materials of a type and amount that require the transport vehicle to be placarded pursuant to 49 C.F.R. 172;
- "hazardous substances" and/or "marine pollutants" when transported in bulk packaging as defined in 49 C.F.R. 171.8;
- hazardous waste of a type and amount that requires the shipment to be accompanied by a Uniform Hazardous Waste Manifest contained in 40 C.F.R. 262, including "state designated hazardous wastes." State designated hazardous wastes are additional hazardous wastes that have been officially determined by states that have been authorized by the United States Environmental Protection Agency to manage RCRA programs within their respective states.
- low-level radioactive waste regulated by the Nuclear Regulatory Commission under 10 CFR 20 and 61.

Please refer to the instructions that accompany this application before contacting the base state with questions or requests for additional information.

UNIFORM PROGRAM REGISTRATION AND PERMIT APPLICATION FOR STATE HAZARDOUS MATERIALS TRANSPORTATION PROGRAMS

Part I. Registration Application

1a. Applicant name:	1b. Employer ID number (optional, to expedite refunds):
2. Mailing address (including county & zipcode):	3. Street address, if different (including zipcode): COUNTY:
4. Person to contact concerning this application: 5. Contact title:	6. Contact phone: 7. Contact FAX:
8a. USDOT Motor Carrier #:	8b. For intrastate carriers, State ID Number, if applicable:
8c. Interstate Commerce Commission #:	8d. Which number(s) is displayed on applicant's vehicles? <input type="checkbox"/> USDOT <input type="checkbox"/> ICC <input type="checkbox"/> STATE ID
9a. USDOT HazMat Registration Number (most recent number; changes annually):	9b. Federal EPA Transporter Identification #(s), if applicable:
9c. Do you transport hazardous waste in a manner that requires a uniform manifest? <input type="checkbox"/> Yes <input type="checkbox"/> No Applicants that indicate "yes" should check to see whether they transport hazardous waste in a state that requires a Part III Permit.	9d. Do you anticipate transportation of hazardous waste in any of the following states? (Check all that apply) <input type="checkbox"/> Illinois <input type="checkbox"/> Michigan <input type="checkbox"/> Minnesota <input type="checkbox"/> Nevada <input type="checkbox"/> Ohio <input type="checkbox"/> West Virginia <i>(If you checked Minnesota, Nevada, or Ohio you must also complete Part III for hazardous waste transportation in those states.)</i>
10. Phone number at which the carrier can be contacted (includes answering machines or voice mail):	
11. Information provided for questions 12A, B, and C covers the previous 12 month period: <input type="checkbox"/> Calendar Year 19_____ <input type="checkbox"/> Other—From _____ to _____	

Information contained in Parts I-III must be certified by an authorized representative of the applicant in Part IV.

12. FLEET INFORMATION. Provide the following information for the applicant's fleet. *IF THE APPLICANT MAINTAINS MULTIPLE FLEETS FOR PURPOSES OF IRP REPORTING, COMPLETE A SEPARATE COPY OF THIS PAGE (A-2) FOR EACH FLEET.*

12a. Average number of power units owned, leased or operated for the time period indicated in Part I, Section 11 on page A-1.

12b. Provide the international registration Plan (IRP) percentages (or equivalent) for the last complete IRP fiscal year for each state in which the applicant operates. All percentages should be rounded to two decimal places (e.g. 34.56%). The total of your percentages **must** add up to 100%. Intrastate carriers should allocate 100% to their base state.

AL _____%	ID _____%	MN _____%	ND _____%	VT _____%
AK _____%	IL _____%	MS _____%	OH _____%	VA _____%
AZ _____%	IN _____%	MO _____%	OK _____%	WA _____%
AR _____%	IA _____%	MT _____%	OR _____%	WV _____%
CA _____%	KS _____%	NE _____%	PA _____%	WI _____%
CO _____%	KY _____%	NV _____%	RI _____%	WY _____%
CT _____%	LA _____%	NH _____%	SC _____%	DC _____%
DE _____%	MA _____%	NJ _____%	SD _____%	
FL _____%	MD _____%	NM _____%	TN _____%	Other North American
GA _____%	ME _____%	NY _____%	TX _____%	_____%
HI _____%	MI _____%	NC _____%	UT _____%	

12c. Percentage of total transportation activity that involves hazardous materials for the twelve (12) month period indicated in Part I, Section 11 on page A-1. Check the applicable range that best describes the percentage of the applicant's activity that involves the transportation of hazardous materials. SEE INSTRUCTIONS ON PAGE I-5 FOR METHODOLOGY FOR CALCULATING THIS NUMBER.

- | | |
|--|---|
| <input type="checkbox"/> None—MIDPOINT 0.0% | |
| <input type="checkbox"/> 0.1 to 10.0—MIDPOINT 5.0% | <input type="checkbox"/> 50.1 to 60.0—MIDPOINT 55.0% |
| <input type="checkbox"/> 10.1 to 20.0—MIDPOINT 15.0% | <input type="checkbox"/> 60.1 to 70.0—MIDPOINT 65.0% |
| <input type="checkbox"/> 20.1 to 30.0—MIDPOINT 25.0% | <input type="checkbox"/> 70.1 to 80.0—MIDPOINT 75.0% |
| <input type="checkbox"/> 30.1 to 40.0—MIDPOINT 35.0% | <input type="checkbox"/> 80.1 to 90.0—MIDPOINT 85.0% |
| <input type="checkbox"/> 40.1 to 50.0—MIDPOINT 45.0% | <input type="checkbox"/> 90.1 to 100.0—MIDPOINT 95.0% |

12d. Percentage of total transportation activity noted in 12c attributed to only hazardous waste for the twelve (12) month period indicated in Part I, Section 11 on page A-1: _____
(For Illinois and Michigan only, enter this percentage on Schedule B, line 4b.)

13. Provide the average number of cargo tanks, owned, operated, or leased, during the twelve (12) month period indicated in Part I, Section 11 (page A-1):

- a. With capacities above 3,500 water gallons. _____
- b. With capacities at or below 3,500 water gallons. _____

Information contained in Parts I-III must be certified by an authorized representative of the applicant in Part IV.

14. Check each applicable class and division of hazardous materials transported.

- | | |
|---|---|
| <input type="checkbox"/> EXPLOSIVES 1.1 | <input type="checkbox"/> OXIDIZER 5.1 |
| <input type="checkbox"/> EXPLOSIVES 1.2 | <input type="checkbox"/> ORGANIC PEROXIDE 5.2 |
| <input type="checkbox"/> EXPLOSIVES 1.3 | <input type="checkbox"/> POISONOUS MATERIALS 6.1 |
| <input type="checkbox"/> EXPLOSIVES 1.4 | <input type="checkbox"/> INFECTIOUS SUBSTANCE (ETIOLOGIC AGENT) 6.2 |
| <input type="checkbox"/> VERY INSENSITIVE EXPLOSIVES; BLASTING AGENTS 1.5 | <input type="checkbox"/> RADIOACTIVE MATERIAL 7 |
| <input type="checkbox"/> EXTREMELY INSENSITIVE DETONATING SUBSTANCES 1.6 | <input type="checkbox"/> CORROSIVE MATERIAL 8 |
| <input type="checkbox"/> FLAMMABLE GAS 2.1 | <input type="checkbox"/> MISCELLANEOUS HAZARDOUS MATERIAL 9 |
| <input type="checkbox"/> NON-FLAMMABLE COMPRESSED GAS 2.2 | <input type="checkbox"/> OTHER REGULATED MATERIAL: ORM-D |
| <input type="checkbox"/> POISONOUS GAS 2.3 | <input type="checkbox"/> STATE-DESIGNATED HAZARDOUS WASTE |
| <input type="checkbox"/> FLAMMABLE AND COMBUSTIBLE LIQUID 3 | |
| <input type="checkbox"/> FLAMMABLE SOLID 4.1 | |
| <input type="checkbox"/> SPONTANEOUSLY COMBUSTIBLE MATERIAL 4.2 | |
| <input type="checkbox"/> DANGEROUS WHEN WET MATERIALS | |

15. Total fee(s) enclosed from the Uniform Program Fee Worksheet, Line 6: \$_____

Fees should be calculated using the Uniform Program Fee Worksheet provided as an attachment to this application. A COPY OF THE COMPLETED WORKSHEET MUST BE SUBMITTED WITH THE APPLICATION.